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CASE OF VESICO-VAGINAL FISTULA, SUCCESSFULLY TREATED BY AN OPERATION.

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A preternatural opening between the bladder and vagina, known by the name of vesico-vaginal fistula, is one of the most distressing accidents to which females are liable. Its most common cause is protracted labor, in which the head of the child has been allowed to press for a great length of time on the bladder, when that organ is distended with urine. Gangrenous inflammation is in this way produced; a slough forms, which separates in a few days after delivery, and through the opening thus made, the urine is destined to pass, in most of these cases, during the residue of the patient's miserable existence.

Though this is, without doubt, by far the most common cause of vesico-vaginal fistula, it may occasionally be produced in other ways. It may be the result of a careless use of instruments in the delivery of the child; as when the bladder has been torn by a crotchet; or it may arise from an abscess, a stone in the bladder, or a disease of that organ.

Whatever may be the cause of the fistula, the consequence is in the majority of cases of the most afflictive kind, not only because all the urine passes through this new opening, but because the patient has no power of retaining it; she is rendered miserable by the excoriation and soreness that are thus produced, and loathsome to herself by the fetor of the urine. So wretched is the condition of patients of this class, that the language which Dieffenbach applies to them, can hardly be thought to be exaggerated. "Such unhappy beings," he says, "are forced to exclude themselves from society; the very atmosphere surrounding them is polluted by their presence, and even their children shun them; thus rendered miserable, both morally and physically, they yield themselves a prey to apathy; or a pious resignation alone saves them from self-destruction."

The degree of suffering, however, is not the same in all cases; the difference arises from the part of the bladder in which the fistulous opening is situated. When it is high up the patient has some power of retention, but even then the urine escapes through the opening, when any considerable quantity accumulates in the bladder. But if the fistula is lower down, at the place where it is usually found, about an inch to an inch and a half from the opening of the urethra, the retentive power is almost if not altogether lost, the urine flowing off as fast as it is deposited by the ureters.

So great have been the inconvenience and suffering to which patients of this class have been subjected, that the attention of surgeons has long been directed to this formidable trouble, but it is not till within the last twenty years that any operation for its radical cure has been successfully performed. It is only ten years since, that Mr. Henry Earl remarked, "It must be confessed, that under the most favorable circumstances, these cases present the greatest obstacles, and are certainly the most difficult that occur in surgery." He succeeded, however, in perfectly restoring three such cases; "in one of which," he says, "I performed upwards of thirty operations before success crowned my efforts."

The obstacles to success are numerous and must be apparent. The narrow space in which the operation is to be performed, the disposition of the urine to pass between the lips of the wound, the proximity of the ureters, the great secretion of mucus by the inner coat of the bladder, which is well calculated to interfere with the union of the parts, and the want of readiness with which mucous surfaces take on adhesive inflammation, are all very likely to defeat almost any operation, however well it may be done.

Several modes have been devised of operating for the radical cure of the vesico-vaginal fistula. Dupuytren recommended, where the opening was small, the application of the actual cautery; in his hands, it is said to have occasionally succeeded, but with other surgeons it has almost uniformly failed. The objections to it are numerous, and to my mind, decisive. It is not easily applied; it is difficult, and sometimes impossible, to limit its action, and if this be not done, the orifice is enlarged instead of being closed, and the trouble of course aggravated.

When there is a laceration only of the bladder, without loss of substance, union, it is said, has sometimes been effected, by keeping a catheter in the bladder, and thus preventing the flow of urine through the wound. But cases of this kind are rarely so favorable, as they usually arise from a sloughing of the organ, followed by a loss of a portion of its parietes. In these cases it has been preferred to use the ligature, the edges of the opening being previously pared. In a few instances this operation has succeeded; in many it has failed, and in some cases it has been productive of inflammation, which terminated in death. For these reasons, as well as because I am not aware that the operation has been ever before successfully done in this country, I shall give the history of the case and the mode of operating at some length.

Case. A married lady, ætat. 34, and of good health, consulted me on account of a vesico-vaginal fistula. Fifteen years ago, she was delivered, by means of instruments, of her first child, which was dead, after having been in labor three days, during all of which time she passed no water. About ten days after her delivery an opening formed between the bladder and vagina, and since that period she has lost the retentive power of the bladder, and all the urine has escaped through the opening, except when a catheter has been introduced. Occasionally when in a horizontal posture there would be no escape of urine for two or three hours, though usually there was a continuous flow; but when in an erect position it was constantly dribbling, causing great inconvenience and distress. She had been eleven times pregnant since the accident, but had never gone her full period since the birth of her first child. It is not improbable that the fistula might have had some influence in the production of these repeated abortions.

The only attempts that had been made to relieve her, consisted in the introduction of a catheter, which she wore for a considerable length of time, and touching the edges of the opening with caustic. Neither of these means afforded any relief; of late nothing had been done, and she regarded her case as almost hopeless.

Upon examination, I found the fistula situated from an inch and a quarter to an inch and a third behind the urethra, a little on the left side. It was not large, barely sufficient to admit the end of my forefinger, and surrounded by a hardened edge, nearly of the consistence of cartilage. There was some degree of morbid sensibility in the lining membrane of the vagina, so that an examination was quite painful.

I told her that an operation for the difficulty had been several times successful; that it had more frequently failed, and that in a few instances it had been followed by very serious consequences. At the same time, I regarded her case on the whole as a favorable one, and if, after this explanation, she wished for an operation, I would cheerfully undertake it. She at once consented, and it was fixed for the next day but one, May 10th, 1839, when it was performed in the following manner, in the presence of my friends Drs. Channing, C. G. Putnam and J. B. S. Jackson.

The patient was placed on the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra, and carried it back as far as the fistula. In this way I was able to bring the bladder downwards and forwards, so that the opening was brought fairly into view. The bougie being then taken by an assistant, I made a rapid incision with a scalpel around the fistula about a line from its edges, and then removed the whole circumference of the orifice. As soon as the bleeding, which was slight, had ceased, I dissected up the membrane of the vagina from the bladder all around the opening, to the extent of about three lines. This was done partly with the view of increasing the chance of union, by presenting a larger surface, and partly to prevent the necessity of carrying the needles through the bladder. I then introduced a needle, about a third of an inch from the edge of the wound, through the membrane of the vagina and the cellular membrane beneath, and brought it out at the opposite side at about an equal distance. Before the needle was drawn through, a second and a third were introduced in the same way, and these being found sufficient to close the orifice, they were carried through, and the threads tightly tied. Each thread was left about three inches in length. I should have remarked, that I found no difficulty in introducing the needles by the hand, the fistulous opening having been brought so low down and so fairly in view.

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A short silver catheter, constructed for the purpose, was then introduced into the bladder, and the patient was conveyed to the bed and laid on her right side, to prevent any urine from coming in contact with the wound. I found her in the evening, eight hours after the operation, quite comfortable. She had had some smarting for two or three hours; but this was soon gone; she complained a little of the catheter; all the water flowed through it and was received upon cloths. She was directed to live on thin arrow root, milk and water, and a solution of gum arabic.

In the morning I removed the catheter, lest it might become obstructed, and after cleansing replaced it. No water had escaped through the wound. The patient had slept some in the night; her pain had been slight, and all her sufferings she referred to the instrument. Her pulse was good and she had no febrile symptoms. She was directed to keep in the same position, to live on the same diet, and take a solution of salts early the next morning.

She went on perfectly well for five days, the catheter being removed daily. At this time I examined her by means of a speculum. I found that the stitches were quite firm, and that the wound had apparently healed in its whole extent. There was no oozing of water through it, though she was then lying on her back, and there was urine in the bladder, as it flowed through the catheter as soon as I introduced it. I then cut away the stitches, which I found by no means easy, as I was afraid to bring down the bladder as was done in the operation, lest the wound might be torn open. The stitches, however, were at length safely removed, and in doing this I was much indebted to the assistance of my friend Dr. Putnam.

A smaller catheter was now introduced, and the patient put to bed in the same position as before. She continued very comfortable for two days, much more so than she had been at any time before, which she attributed to the size of the instrument. I then removed the catheter altogether, and directed her to introduce it every three hours, so as to prevent any accumulation of urine. This she did till the second night, when she slept quietly for seven hours, and on awaking felt no inconvenience. Twice also during this period she passed water by the efforts of the bladder alone, so that the organ had already regained in part its expulsive power, as well as that of retention. She now sat up, introduced the instrument less frequently, and was allowed a more generous diet.

At the end of seventeen days from the operation I examined her again; the wound was entirely healed and apparently firm, and the soreness nearly gone. I advised her to introduce the catheter two or three times a day for some weeks; and on the following day she returned home by water, a distance of nearly two hundred miles.

Everything connected with this case proved more favorable than I had anticipated. The operation was not difficult, nor very painful; it was followed by no bad consequences, and afforded complete relief. Perhaps the mode in which the operation was done, may have contributed something to its successful result. No violence was done to the parts by drawing down with hooks the fistulous opening, as in the common mode, nor was the bladder wounded by carrying the needles through it, which I presume is the usual practice. I do not speak with certainty on this point, for I cannot find that any one has given a precise description of the mode in which the operation is to be performed. It may be inferred from the following remark of Dieffenbach, that he carried the needles through the bladder. "It is enough to say," he remarks, "that the operation is always a dangerous one, chiefly on account of the injury done to the bladder; the suture always producing more or less inflammation of the edges of the fistulous opening, or of the surrounding parts." Now it seems to me that in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact, without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which of course should be previously pared, may in almost every case be brought into close contact. This of course cannot be done where there is great loss of substance, but in such cases the ligature alone would not be sufficient, and some attempts have recently been made to treat them by the plastic method. "This operation consisted," says Blandin, "in paring the edges of the fistulous orifice, and adapting over it an oval flap derived from the internal surface of the large labia." This operation, according to the British and Foreign Medical Review, has been performed with some success by M. Jobert. In one instance "much inconvenience was experienced from the aftergrowth of hair in the transplanted flap."

I have ventured to make these suggestions, which I do with great diffidence, with regard to the mode of operating, because there is no case in surgery in which a successful operation gives more complete relief than in that of vesico-vaginal fistula, or relieves a greater amount of wretchedness, and because it is by no means well settled what is the best mode of treating this distressing infirmity. The attention of so many enlightened surgeons being now directed to the subject, gives reason to hope that an effectual remedy will be found for this deplorable malady.—*Amer. Jour. Med. Sciences.*

A NEW PHRENOLOGICAL FACULTY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Being convinced that there is a cerebral organ which has hitherto been overlooked by phrenologists, situated at the side of Concentrativeness, between Adhesiveness and Love of Approbation, I send you my opinions with regard to its function, in order that their just value may be determined by a more extensive observation of facts than I have it in my power to make.

You have, no doubt, observed that there is some difference of opinion among phrenologists concerning the situation of the organ of Adhesiveness. According to Dr. Gall, "the convolutions of the brain marked III.

constitute this organ. They are generally placed between the organ of the love of offspring, and that of the preservation of self and property (Combativeness); or rather to the right and left, and outside of the organ of the love of offspring. When the organ of the instinct of propagation is strongly developed in its superior part, the organ of attachment is placed a little higher than that of the love of offspring. In the cranium it is situated in the middle of the edge of the parietal bone, and when it is advantageously developed, forms two distinct annular prominences, or, at least, the cranium is large and prominent in this region. When, on the contrary, the organ of attachment is very slightly developed, the cranium in the same region is narrow and depressed."*

Dr. Gall having learnt that the lady in whose head he had first noticed the organ was remarkable for the ardor and fidelity of her attachments, "the idea occurred to me," says he, "that the disposition to friendship might also be founded in a particular cerebral organ. This opinion acquired with me a still greater degree of probability, as the prominences I had observed on the head of the lady were placed *immediately* above the organ of physical love, and by the side of that of the love of offspring, and these three propensities have some analogy with each other."†

In the Bust marked by Dr. Spurzheim, and in the Edinburgh Bust (which is the most correct we have), the organ of Adhesiveness is placed higher than the situation described by Dr. Gall, and a part of the organ of Combativeness is represented as situated between it and the tentorium, and as connected with Philoprogenitiveness.

Mr. Combe, describing the origin of the Edinburgh Bust, and giving the reasons for this location, remarks: "Adhesiveness is delineated (in the Bust) chiefly from negative instances, that is to say, from skulls and casts in which it is depressed; David Haggart's, for example, is one. In many skulls and casts, such as the Swiss skulls, the cast of the head of Mrs. H. &c., the organ is largely developed; but it does not stand forth in a definite form, on account of the neighboring organs being also larger. In the negative cases there is a depression corresponding to that single organ; and its situation, therefore, with an approximation to its form, was to be found by reference to them. Combativeness stands forth in a distinct form in the skull of General Wurmser, of which we have a cast."‡

It must be apparent that the grounds for the location of Adhesiveness are not of so decided and marked a nature as is desirable. In none of the cases referred to does the organ appear in an isolated state, so that its exact boundaries can be determined. With regard to Combativeness, it is certainly very large in the cast of Wurmser, but I think it does not countenance the idea that any part of it is connected with Philoprogenitiveness. On examining the situation of the tentorium it will be seen that it is frequently (perhaps generally) placed somewhat higher in the region of Adhesiveness than in that of Philoprogenitiveness. In one head I have seen it fully half an inch higher. In these cases it falls again at Combativeness. We are not, therefore, to conclude, when we see the inferior boundary of Adhesiveness somewhat higher than that of Philoprogenitiveness, that a part of Combativeness is situated between Adhesiveness and the tentorium, so as to touch Philoprogenitiveness. In every case that I have seen, where the organ of Adhesiveness was distinctly marked, and I have seen several, it came as low as the insertion of the tentorium. It is so situated in a cast of the skull of the celebrated Whitfield; yet its inferior boundary, which is very distinctly marked, is somewhat higher than that of Philoprogenitiveness, because in this head the tentorium rises as it proceeds laterally. I have never seen any head in which it could be shown that Combativeness touches Philoprogenitiveness; but I have seen several marked cases which prove that there is no such connection between them. In the head of Whitfield, that part of the skull which is situated immediately below Adhesiveness is not developed in the same degree as Combativeness. Besides, these two regions must have been separated from one another during life by the tentorium.

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* Gall's Works, Lewis's Translation, Vol. III., page 312.
† Ibid, page 300.
‡ London Phrenological Journal, Vol. I., New Series, page 108.

In the head which first led me to observe particularly the situation of Adhesiveness, the organ is very distinctly marked. It is placed at the side of, and on a level with, Philoprogenitiveness; its inferior boundary is immediately above the insertion of the tentorium. Its superior boundary, which is also very distinctly marked, is on a level with that of Philoprogenitiveness. In the same head the lateral boundary of Concentrativeness is distinctly marked, and a ridge or line of division may be traced running from the conjunction of this organ with Philoprogenitiveness, between the new organ, Love of Approbation, and Conscientiousness on the one side, and Adhesiveness and Cautiousness on the other. The new organ being deficient in this head, its boundaries are thus very distinctly marked. Its development is quite different from that of Love of Approbation in the same head. I have seen the new organ small, in combination with Adhesiveness, Love of Approbation and Concentrativeness large, and in other cases with the latter organ small. I have also seen it large in the like combinations. I have more generally found it large in the female than in the male head, and in this my experience accords with that of other phrenologists, for as Adhesiveness and Love of Approbation are in general larger in the female head, had there been any marked deficiency in the region of the new organ it would have been noticed long ago. Adhesiveness, instead of running up by the side of Concentrativeness, extends laterally towards Cautiousness and Combativeness, and its superior boundary forms the posterior and lateral boundary of the new organ.

My observations have led me to believe that the function of the new organ is a propensity to communicate thoughts and feelings, and I propose calling it Communicativeness. For convenience I shall here speak of the faculty and organ by that name. The propensity to talk or communicate thoughts and feelings varies exceedingly in different individuals; for while some persons are remarkable for their loquacity, others are equally remarkable ſor their taciturnity. As a specimen of the talkative genus, I give the following extract from La Bruyère's characters. "Il ſaut laisser parler cet inconnu que le hasard a placé auprès de vous dans une voiture publique, à une ſête ou à un spectacle, et il ne vous coûtera bientôt pour le connaître que de l'avoir écouté: vous saurez son nom, sa demeure, son pays, l'état de son bien, son emploi, celui de son père, la ſamille dont est sa mère, sa parenté, ses alliances, les armes de sa maison: vous comprendre qu'il est noble, qu'il a un château, de beaux meubles, des valets, et un carrosse." The various ſorms of loquacity are very well illustrated in the "Characters of Theophrastus."

It is, I believe, universally admitted that ſemales are generally more talkative than males. Addison, in No. 247 of the Spectator, aſter describing several different kinds of ſemale orators, remarks: "I have oſten been puzzled to assign a cause why women should have this talent of a ready utterance in so much greater perfection than men. I have sometimes ſancied that they have not a retentive power, or the ſaculty of suppressing their thoughts, as men have, but are necessitated to speak everything they think. But as several are of opinion that the ſair sex are not altogether strangers to the art of dissembling and concealing their thoughts, I have been ſorced to relinquish this opinion, and have thereſore endeavored to find some better reason."

The strength and activity of the communicative propensity varies greatly in different nations. It is generally very active in the French, less so in English and Spanish, and it seems to be quite active in the Irish. Its activity, in conjunction with large love of approbation in the French, has had an important influence on the character of their language. "The French people, naturally gay and loquacious, and ſond to excess of those superficial accomplishments which engage the attention of the ſair sex, have invented such an infinity of words capable of expressing vague and unmeaning compliment, now dignified by the name of *politeness*, that in this strain, one who uses French can never be at a loss; and as it is easy to converse *more* and really say *less*, in this than in any other language, a man of very moderate talents may distinguish himselſ much more by using this than any other that has ever yet been invented. On this account it is peculiarly well adapted to that species of conversation which must take place in those general and promiscuous companies where many persons, of both sexes, are met together ſor the purposes of relaxation or amusement, and must of course be naturally admitted into the courts of princes, and assemblies of great personages, who having ſew equals with whom they can associate, are more under the necessity of conversing with strangers, in whose company *the tender stimulus of friendship does not so naturally expand the heart to mutual trust or unrestrained confidence.* In these circumstances, as the heart remains disengaged, conversation must necessarily flag, and mankind in this situation will gladly adopt that language in which they can converse most easily without being deeply interested. On these accounts, the French now is, and probably will continue to be, reckoned the most polite language in Europe, and thereſore the most generally studied and known."—*Encycl. Brit.*

This propenſity muſt be feeble in the rudeſt and moſt uncultivated savage tribes, who from their mode of life and the limited range of their ideas, have little to excite the faculty to activity.

The energy of the communicative propenſity ſeems to bear no invariable relation to that of any of the received phrenological faculties or of any particular combination of them; it certainly is not proportionate to that of language. The function of the faculty of language ſeems to be the perception and memory of articulate ſounds, and in thoſe who are born deaf, and conſequently remain dumb, it muſt be altogether inactive. Nevertheleſs, the deaf and dumb ſhow a ſtrong deſire to communicate their thoughts and feelings, as is apparent in the caſes of James Mitchell, Laura Bridgman, and many others.

Loquacity, from the remoteſt ages, has been reckoned one of the infirmities of old age, while it is certain that the faculty of language is one of the firſt to become enfeebled. Many perſons, when excited by ſtimulating drinks, are uncommonly communicative even when they can hardly ſpeak, and when it is very evident they have great trouble in finding words to expreſs their thoughts. Hence the adage, "In vino veritas." The lower animals feel and ſhow a deſire to communicate their thoughts and feelings, which they gratify by a voluntary uſe of the natural language of their faculties, and by their cries and geſtures.

This propenſity may act ſeparately from language. We frequently deſire to communicate facts and events of which we have but a confuſed recollection, and before we have thought of clothing them in words. It does not always prompt to the uſe of articulate ſounds, but is gratified by other means, as a look or a geſture. If the deſire to communicate depended on language or any other acknowledged faculty, we ſhould always feel it when that faculty was active, and ſhould never feel it when it was not active. We do not find that thoſe individuals who have a large organ of language are always, or even generally, great talkers; on the other hand we frequently ſee great talkers who have but a poor development of language, and have but a ſcanty vocabulary.

This propenſity ſeems to have been diſeaſed in the young lady mentioned by Dr. Gall,* who went about at Vienna telling all her friends that ſhe was pregnant. It is remarkable that this diſeaſed communicativeneſs was followed by an invincible and melancholy taciturnity. The principal excitement ſeems to have been in the poſterior lobes of the brain. The deſire of communicating thoughts and feelings remains active when language is very much impaired, as is ſeen in the caſe of the Notary, recorded by Pinel. "He frequently pointed out with his fingers the files which contained documents that could not be found, and indicated by other ſigns that he preſerved the former train of his ideas entire," though he could not find words to expreſs them.

Dr. Gall, ſpeaking of the ſoldier ſent to him by Baron Larrey, remarks, "that he manifeſted to him very ſtrongly, that he was ſorry not to be able to expreſs himſelf on many things which he would have wiſhed to tell him." He afterwards remarks, "Perhaps ſimilar facts throw light on those mental diseases, in which the patients absolutely *refuse* to speak."* I think they do not; in the above cases the patients had a strong desire to make known their thoughts, but were unable to do so by means of words.

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* Gall's Works, Vol. III., page 285.

I think I have said enough to prove that the desire to communicate thoughts and feelings does not depend on the faculty of language, which may be active without any such desire being felt, as in reading or listening to the discourse of others. It is evidently a propensity, and not an intellectual faculty. I think it can no more be attributed to any of the acknowledged faculties than to language. It will perhaps be said that each of the faculties being active, prompts us to use means for its gratification. It certainly does; but it is by exciting the other faculties; thus love of approbation being active, prompts us to conceal, to acquire, to construct, to imitate, &c., by exciting secretiveness, acquisitiveness, imitation, or constructiveness, these again acting on the intellectual faculties; in the same manner it prompts us to communicate our ideas, by exciting communicativeness. The mode of its gratification is thus determined by the faculties in combination with which it acts. We sometimes experience the desire of communicating our thoughts, in so distinct and unmixed a state that it must depend on a primitive power of the mind, different from any now acknowledged. An anecdote is told of a beggar, who for the purpose of exciting compassion, pretended to be deaf and dumb. He presented to a gentleman a paper describing his unfortunate state, and soliciting assistance. The gentleman being rather absent minded, asked him how long he had been dumb; the beggar, taken unawares, immediately answered, "Two years," that being the time during which he had acted the dumb man. It seems to me that the answer in this case was prompted wholly by communicativeness, to which questions are addressed.

One of the fables in Ovid's Metamorphoses furnishes a very clear illustration of communicativeness. The barber of King Midas, having discovered that his master had asses' ears, found the secret so painful to keep, without daring to tell it, that to relieve his mind of the intolerable burden,

> ———"Secedit, humumque
> Effodit, et domini quales conspexerit aures,
> Voce refert parvâ."—*Met.* xv.
> "He dug a hole, and in it, whispering, said,
> What monstrous ears sprout from King Midas's head."

It must be recollected that communicativeness, though capable of acting separately from the other feelings, is commonly either excited, guided, or restrained by them.

FACTITIOUS DRINK.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE three principal uses of drink are the following.

1st. It is a *diluent*, to assuage thirst, attenuate food, and furnish a pabulum for the humors of the system.

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* Gall's Works, Vol. V., page 23.

2d. It is a *condiment*, to give a relish for food, assist digestion, and at times to promote appetite.

3d. It is a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or by other causes.

Probably its legitimate use, in health, may be comprehended under one or other of these heads. However, there is by no means always an exact line of distinction, as the different objects may be combined. Some drinks are nutritive, and while they dilute or refresh, they are also a part of food; and when liquids are used as condiments, as well as many other articles for the same purpose, they often contain a considerable nutriment in themselves.

Diluents.—Pure water, drank at the fountain, is the simplest and best diluent. The difficulty is, the great body of mankind are so situated that they can but rarely have access to pure water, directly from the fountain. In warm seasons it loses the best part of its flavor and relish, after it has been removed but a short time, and soon becomes insipid, and frequently absolutely nauseous.[*] The general use of tea, in China, is said to be owing to the impurity of the water there.

From these considerations, mankind have perhaps universally, when it has been in their power, resorted to various expedients, to qualify such water as they have, so as to make it a grateful and pleasant diluent. It is qualified by the addition of ice, milk, acids, sugar, aromatics, the juices of fruits, tea, coffee, and many other articles of the kind. But these are all extemporaneous preparations, which must be soon used, as they are commonly made in small quantities, and are liable to retain their goodness and flavor only a short time. Civilized people have always been fond of having a store of the comforts, conveniences, and necessaries of life. It was early discovered, that by means of fermentation the juices of fruits, the decoctions and infusions of grain, and of many other articles, might be easily collected in quantities, and retain their freshness for a convenient space of time, while they by themselves, or being diluted with water, formed a grateful drink. Thus wine and beer came into common use, in the remotest periods of antiquity. These artificial drinks would not only keep some time, but they could be carried into the field, taken to sea, and be distributed in cities, and other places, where fresh water, and even most of the extemporaneous preparations, were rarely obtained. The preparation of artificial liquors for drink, among all civilized nations, was considered about as indispensable as cookery for food; and the time was in our country, when it was thought nearly as necessary, for a family that would live comfortably, to brew as to bake.

Condiments.—Wine is just mentioned by Parr, and occasionally noticed by other authors, as a condiment; but this important, and perhaps I may say, main use of artificial drinks, among temperate people, has hitherto attracted very little attention. Nor is it generally considered how very important condiments are, as a part of our food, by giving it a relish, assisting its digestion, and frequently promoting the appetite. When bread and milk are taken together, though the milk itself is a nourishing article, yet it is employed more as a condiment for the bread, than as food of itself. The same is the fact with butter, cheese, oil, smoked beef, saltfish, salads, fruits, sweetmeats, and other things of the kind, which are more or less nutritious of themselves. Esculent roots, and most garden vegetables, besides being of themselves a part of our food, perform a still more important office by being condiments for meat, which could without them be eaten only with difficulty, and might hardly be borne by the stomach of a civilized man.

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[*] The writer, though he is in the habit of drinking water daily, and is not over nice as to its quality, was lately nauseated for hours, in consequence of taking half a tumbler of impure well water. The family that use it seemed to be unconscious of its impurity. They have several invalids or dyspeptics among them, how far owing to the bad quality of their diluents, and omission of condiments, and refreshments, I am unable to determine.

Some factitious drinks, as tea and coffee, are employed almost solely as condiments, though they are also diluents. They are principally employed as appendages to our meals, by which we are enabled to take bread and butter, and other food, with much greater facility and relish than we otherwise could do, if we only diluted them with water. They enable us to dispense with much meat and other hearty food. Beer, cider, claret and other kinds of wine, it is believed, are more used by the temperate, for condiments, than for any other purpose. Our habits are such that many dishes cannot be comfortably eaten, and if eaten will disturb the stomach, without them. Many a stomach cannot digest a piece of cake unless it is followed by a glass of wine, cider or beer. Roast pork, and several other kinds of animal food, not only relish better, but sit much more easily on the stomach, by these means. Many fruits cannot be eaten in any quantity, unless they are followed by some such condiment. There seems to be a kind of fitness, a sort of balance, between several articles, and made dishes, of food, for each other. It is a remark among farmers, that apples and cider naturally go together. By this they mean that apples will suit the stomach better when they are followed by a glass of cider. I think so too. There seems to be the same connection between wine and many dried fruits, as raisins, nuts and almonds.

Celsus, when treating of diet and regimen, seems inclined to arrange most of the inhabitants of cities in the class of valetudinarians. He might have added all civilized people. Though valetudinarian is rather too strong a term to apply to people who can perform all the duties of active life, yet every civilized man almost necessarily has less vigor of health, than the savage. His whole body, and particularly his stomach, is in a state more or less artificial, which requires to be met by artificial means. There is scarcely a comfort, convenience, or delicacy, that does not produce a want, which is to be met by something else, an article not otherwise needed. The various parts of diet and regimen must be adjusted and arranged so as to suit each other. When any main article, therefore, is removed or changed, a considerable change is necessary in the others. If this is not done, the system will be liable to be as much deranged as a clock is by the loss of a wheel or spring, or rather by the lightening of its weights.

Condiments are designed not only to give a relish for food, but by making that palatable which might otherwise be insipid or disgusting, they evidently promote digestion by increasing the secretion of gastric juice. By this means, also, they are often employed to produce an appetite, and thus have a medicinal effect, like tonics upon the weak stomach.

As condiments, in general, are not absolute necessaries of life, and are often wholly dispensed with by savages, many of them are always attacked by those who fancy they can point out a correct course of diet and regimen. Not only such articles as pepper, spice, mustard, horse radish, pickles, catchups, sauces, and other things of the kind, that have little or no nutriment in themselves, are by turns condemned, but sugar, butter and cheese are questioned; tea and coffee are censured; and beer, cider and wine are actually prohibited, both on the ground of health and morals. Many of these reformers still go much further. One objects to any meat that is not from animals arrived at a particular age; another rejects animal food altogether; a third, perhaps, restricts his diet to milk, coarse bread, rice, potatoes, and possibly a few fruits.

It might not be a matter of so much consequence, if these supposed philanthropists could only affect the young and robust, as these can often endure almost any privation with impunity, and may perhaps remain healthy upon any kind of aliment, provided it is in sufficient quantity. But, as the healthy and vigorous can usually bear almost any food, such lecturers are not very apt to make much impression on them.

The arguments and speculations are generally all on one side, and are almost exclusively founded upon particular cases of incidental evils, which are common to almost everything in this world. The advantages are scarcely glanced at, and are not examined to see whether, on the whole, they do not far outweigh the inconveniences. The reformers have to propose a short and easy course, which they suppose lays the axe at the root of the evil. It is to reject whatever may be its occasion, and banish it from use. They thus renounce one comfort and convenience of life after another, and upon this principle, if thoroughly carried out, they would soon reduce us to a barbarous, if not a savage state.

The subject of artificial drink, as a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or other causes, is necessarily deferred to a succeeding number. Besides, one or two, or more, communications will probably be added, containing miscellaneous remarks upon errors, abuses and prejudices, as well as pointing out the important distinction between temperance and abstinence.

August, 1839. SENEX.

Foreign Medical Works.—The following are some of the medical works lately published in London. A Popular Treatise on the Kidneys; by George Corfe. The efficacy of Catheterism of the Eustachian Passages, &c., in the Cure of Deafness; by James Yearsley, M.R.C.S., and Surgeon to the Institution for curing Diseases of the Ear. A Treatise on the Nature of Club-foot, and analogous Distortions, including their Treatment both with and without Surgical Operation; by W. J. Little, M.D. Researches on the Teeth; by Alexander Nasmyth, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 21, 1839.

OUTLINES OF PHYSIOLOGY.[*]

It is positively a curiosity in the annals of medical literature, that a majority of the authors who have written expressly on physiology, in modern times, have the prefix of *outlines* to the titles of their works. Whether there is a magical influence in the word which they alone have discovered, that renders it particularly applicable to this class of inquiries, has not been revealed. It is morally certain, however, that there is a want of ingenuity, in this particular, in those who have shown themselves ingenious in all other respects. *Outlines* are now altogether too numerous; it makes perfect confusion in bibliography. Had a city, full of streets and lanes, but a single name for the whole of them, it would be in the condition of a physiological library of modern date. The same predilection manifested by foreigners, is shown by our native writers, so that things are becoming worse and worse in this respect.

Although we are disposed to find fault with this endless repetition of *outlines*, simply because it makes needless perplexity, the matter and the whole arrangement of Dr. Roget's materials constitute an admirable system of physiology, which cannot otherwise than be appreciated in this country. The book is a large, well-finished octavo, of five hundred and sixteen pages, divided into twenty-four chapters, with notes by an anonymous commentator. Lastly, there is an Appendix on Phrenology, in which Dr. Roget shows his objections to the doctrines taught by the friends and advocates of that science. Perhaps this will give more character to the volume, in the estimation of some, than it would otherwise have, inasmuch as the main body of the work is mainly the essence of all former writers of authority on physiology. With us, his arguments are by no means satisfactory; and rather than condemn the investigations of the phrenological philosophers, as unworthy of the serious attention of men of understanding, we much prefer to let them proceed uninterruptedly, and let after times decide upon the value of their labors.

Simply viewed as a modern physiological system, containing all that is valuable and even excellent in other productions of the same kind which have preceded it—embracing a vast amount of curious facts in comparative anatomy—we cannot withhold the expression of warm approbation of this work. We have derived both pleasure and instruction from its pages. It should be in the hands of every medical student, and in all medical libraries, placed by the side of Dr. Oliver's treatise—a deserving, meritorious performance by a native author.

Smallpox in Connecticut.—By a communication in a Hartford paper, we perceive there have been about forty cases of natural smallpox in the town of Suffield, at what is called the Feather-street District, under the care of Dr. H. A. Hamilton, who says that some of the cases were confluent. The patients ranged between the ages of four weeks and seventy-seven years. Only three of them died, which speaks well for the physician's good management. Of those who fell under the disease, he remarks that one was a female in consumption, much emaciated, aged 77; a male of irregular habits, aged 60; do., a confirmed inebriate, aged 50; both of the latter, while covered with pustules, daily took large portions of cider, salt food, and travelled the wet meadows.

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[*] Outlines of Physiology, with an Appendix. By P. M. Roget, M.D., &c. First American edition, revised, with notes. 8vo., pp. 516. Philadelphia: Lea & Blanchard. 1839.

College of Physicians and Surgeons, New York.—There is now a good prospect of better success than has attended this celebrated school for a few years past. Nothing seems to be wanting to insure an accession of students, since all other partially developed rival institutions, which we heard so much about, a year ago, are nipped in the bud. The regents may consider themselves extremely fortunate in securing the services of several new members of the faculty—men who are accustomed to teaching. Dr. J. B. Beck, on Medical Jurisprudence, has but one rival—his distinguished brother, at the Fairfield College.

To Correspondents.—The communications of Drs. Palmer, Wheeler, and Z. Howe, with others before acknowledged, will be inserted soon.

Married,—In Boston, Morrill Wyman, M.D., of Cambridge, to Miss Elizabeth Aspinwall Pulsifer, of Boston.

Whole number of deaths in Boston for the week ending August 17, 39. Males, 28—females, 11.

Of consumption, 1—intemperance, 2—sudden, 1—scarlet fever, 3—dysentery, 2—disease of the womb, 1—infantile, 4—cholera infantum, 4—old age, 2—dropsy in the head, 1—apoplexy, 1—drowned, 3—marasmus, 2—chickenpox, 1—bowel complaint, 2—liver complaint, 1—typhous fever, 1—stoppage in the stomach, 1—teething, 1—cholera morbus, 1—fits, 1—canker in the bowels, 1—throat distemper, 1—hooping cough, 1—stillborn, 1.

MEDICATED VAPOR BATHS.
Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.
The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.
Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.
Aug 21—tf

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.
For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.
Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.
M. R. FLETCHER.
Aug 21—

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

John C. Warren, M.D.
Rufus Wyman, M.D.
George C. Shattuck, M.D.
Jacob Bigelow, M.D.
Walter Channing, M.D.
George Hayward, M.D.
John Randall, M.D.
Enoch Hale, M.D.
John Ware, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, Edward Warren, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, *Secretary.*

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion. A14—4t

***Boston, August* 7, 1837.**

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - -	**John C. Warren, M.D.**
Chemistry, by - - - - - - - - - - - - -	**John W. Webster, M.D.**
Midwifery and Medical Jurisprudence, by - - - - - -	**Walter Channing, M.D.**
Materia Medica and Clinical Medicine, by - - - - - -	**Jacob Bigelow, M.D.**
Principles of Surgery and Clinical Surgery, by - - - - -	**George Hayward, M.D.**
Theory and Practice of Physic, by - - - - - - - - -	**John Ware, M.D.**

At a meeting of the Faculty, it was

***Voted,* "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.**

***Boston, July* 10, 1839. Jy 17—tN**

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

***Yale College, August* 1, 1839. Aug 7—6t**

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.